

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		01-12-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AM	596	7/28/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
8/2/01	
4/24/02	
9/10/02	
6/8/03	
7/11/03	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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